DEPARTMENT OF FAMILY MEDICINE
Delineation of Privileges

Name: _____________________________________________________ Date: _____________

Types of Privileges

Category I

Privileges in this category include those procedures and cognitive skills involving serious medical problems that are normally acquired during successful completion of a family practice residency program. This category may include procedures and cognitive skills also acquired by physicians trained in other specialty residency programs.

Physicians requesting privileges in this category will have completed training in a family practice residency program, and either be board certified by the ABFM or the AOBOFP or be qualified to take the family practice board exam offered by one of these organizations. Members must pass the board exam within five years of graduation from training. Documentation of appropriate medical malpractice insurance must also be provided.

Category II

Privileges in this category require special skills and knowledge. Therefore, documentation is required of such training and experience, which may have been acquired in a family practice residency, in a post residency fellowship program, in a special course, or by practice experience.

Privileges Requested

EMERGENCY CARE

_____ Category I

Care of patients in the Emergency Room, including the ordering of all appropriate tests and procedures for diagnosis and appropriate management.

_____ Category II: Category I plus

A member is to write additional privileges requested and provide documentation of training and current competency. Acceptance of competencies will be based on appropriate experience or training as evidenced by credentials and documentation for such procedures as chest tube insertion, central line placement, etc.
PSYCHIATRY

Privileges Requested

________ Category I:

Admission and Hospital care of patients with psychiatric illness. Initiation of treatment plan with consultation.

________ Category II: Category I plus:

Independent care of general psychiatric problems.

*(Recommended consultation for psychotic and/or violent patients)*

Substance Abuse / Methadone Treatment and Maintenance

________ Category III: Category II plus

Competencies based on appropriate experience or training as evidenced by credentials and documentation

SURGERY

Privileges Requested

___ Category I:

Admission, diagnosis and management of surgical patients.

Minor Surgery (requiring local anesthesia only; not requiring the Operating Room) including but not necessarily limited to: Incision and drainage of soft tissue abscesses, repair of lacerations not involving nerve, tendon, or significant vessel damage and not requiring skin flaps or grafts, wound debridement, excisional biopsy of skin, removal of superficial and subcutaneous cysts.

___ Category II: Category I plus:

Competencies based on appropriate experience or training as evidenced by credentials and documentation

     ____ Venous Cut down
     ____ Arterial Line Insertion
     ____ Placement of central line
     ____ Surgical Assistant

Other:
Privileges Requested

____ Category I:

Admission, Basic Diagnosis and Management of Medical Patients, including independent care of all general medical problems, patients in monitored acute care areas (ICU, CCU, PCU) excepting where mandatory consultation is required by hospital regulations. This also includes the performance of routine diagnostic procedures such as lumbar puncture.

____ Category II: Category I plus

Competencies are based on appropriate experience or training as evidenced by credentials and documentation.

Procedures (current competence to be documented)

____ Flexible Sigmoidoscopy

Other

Pediatric Privileges within the Department of Family Medicine

Family Practitioners requesting Pediatric Privileges must meet the following requirements:

Applicants must have completed an approved residency in Family Medicine, and be Board Certified within five years of completing their training.

Applicants must have their Program Director send a letter to Administration that describes the applicant’s pediatric training in a hospital setting.

Applicants must agree to ongoing Quality Review with the Family Medicine Department.

Requests for Core Pediatric Privileges are subject to the approval of the Department of Family Medicine.

Requests for Additional Pediatric Privileges are subject to the joint approval of the Department of Family Medicine and Pediatrics.
PEDIATRIC PRIVILEGES

The following are mandatory for nursery privileges and attendance at C-Sections:

1. Neo-Natal Resuscitation and BLS is Required
2. Lactation Training – 4 Hrs. Req.
3. S.T.A.B.L.E. Training
   - Admission and Care of the general pediatric patient
   - Care of the uncomplicated newborn infant (Nursery Privileges)
   - Circumcision of the newborn

Other:
______________________________________________________________________________
______________________________________________________________________________
____ Additional Pediatric Privileges are listed on next page.
   (Subject to joint approval by the Department of Family Medicine and Pediatrics)
____ Attendance at C-sections as the attending physician for the newborn
   (Documentation of the successful completion of a newborn resuscitation course must be provided)

Privileges Requested

ADDITIONAL PEDIATRIC PRIVILEGES

Obstetrical Privileges within the Department of Family Medicine

Family Practitioners requesting Obstetrical Privileges must meet the following requirements:

Applicants must have completed an approved residency in Family Medicine, and be Board Certified within five years of completing their training.

Applicants must have their Program Director send a letter to Administration that describes the applicant’s obstetrical training in a hospital setting.

Applicants must agree to ongoing Quality Review with the Family Medicine Department

Applicants must agree to allow the Chair of the Ob/Gyn Department (or his/her designee) to cooperate in this supervision when indicated.
Privileges Requested

OBSTETRIC PRIVILEGES

The following are mandatory for nursery privileges and attendance at C-Sections:

1. Neo-Natal Resuscitation and BLS Is Required
2. Lactation Training – 4 Hrs. Req.
3. S.T.A.B.L.E. Training

- Admission and Hospital Care of the Obstetrical Patient
- Normal Labor and Delivery
- Normal Antepartum and Postpartum Care
- Vacuum
- Low Forceps Application
- Other: ______________________________________________

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform, and that I wish to exercise at Broadway Campus and Mary’s Avenue Campus Hospital.

I understand that:

a) In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signature: ____________________________________________ Date __________________

I have reviewed the requested clinical privileges and supporting documentation for the above named applicant and recommend approval.

Department Chair’s Signature: ____________________________ Date: ______________

Broadway Campus